

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11234

FILED APR 23 1940

Registration District No. 1940

Primary Registration District No. 555310

Registrar's No. 4-7

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME Rose Ann Hptegione

3. (b) If veteran, ☒ name war ✓ (c) Social Security No. 125

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Daniel E. Hptegione (c) Age of husband or wife if alive 1869 years

7. Birth date of deceased (Month) 8 (Day) 1869 (Year)

8. AGE: Years 71 Months 1 Days 9 If less than one day hr. min.

9. Birthplace England (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Henry Edward St
13. Birthplace England (City, town, or county) (State or foreign country)

14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Charles H. Dinger
(b) Address 108 So. Tuller

17. (a) Burial (b) Date thereof 4/19/40 (Month) (Day) (Year)

(c) Place: burial or cremation Wood Grove

18. (a) Signature of funeral director Wm E Carson

(b) Address Independence Mo

19. (a) 9/19/40 (b) Wm E Carson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 108 So. Tuller
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1940 hour 2 A. minute 40 M.

21. I hereby certify that I attended the deceased from 2/15 to 3-17, 1940
that I last saw or alive on 2-15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myo carditis

Due to

Due to 92C

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. Green (M. D. or other)

Address Independence Date signed 7/18

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Licensed Embalmer No. 3156

P. O. Address Indy Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.